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FACSIMILE COVER SHEET

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TOTAL NUMBER OF PAGES BEING SENT (INCLUDING COVER SHEET): 14

☐ Original documents to follow by mail

☒ No originals will be sent

DATE: July 2, 2004

TO: Examiner Paul A.
Group Art Unit 3739

FAX #: 1-703-872-9306

PHONE #: 1-703-305-8621

Application No.: 10/041,705
Applicant: Peterson et al.
Due Date: July 5, 2004

OUR REF.: 2992.02US02

FROM: Brad Pedersen
PHONE #: (612) 349-5774

Attached please find the following for filing in the above-identified application.

- (1) Amendment in response to Office Action dated April 5, 2004.

Respectfully submitted,



Date July 2, 2004

Brad Pedersen
Registration No. 32,432

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office, Fax No. 703-872-9306 on the date shown below.

Date July 2, 2004


Brad Pedersen

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Attorney Docket No. 2992.02US02

AMENDMENT TRANSMITTAL

In re the application of:

Peterson et al.

Confirmation No.: 5457

Application No.: 10/041,705

Examiner: Pantuck, B.C.

Filed: January 8, 2002

Group Art Unit: 3739

For: BIOABSORBABLE SURGICAL CLIP WITH ENGAGEABLE EXPANSION STRUCTURE

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Enclosed are:

- ☒ Amendment (eleven (11) pages).
☐ Petition for Extension of Period for Response.
☐ _____

The filing fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra (Equals)	Small Entity Rate	Add'l Fee	OR	Large Entity Rate	Add'l Fee
Total	17	- 44	= 0	x 9	\$		x 18	\$
Indep.	5	- 5	= 0	x 43	\$		x 86	\$
Mult. Dep.			=	+ 145	\$		+ 290	\$
TOTAL					\$0	OR	TOTAL	\$

☐ First Presentation of Multiple Dependent Claim [MDC]

- * If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

Application No. 10/041,705

- ☒ Applicants are entitled to small entity status in accordance with 37 CFR 1.27.
- ☐ A check in the amount of \$_____ is attached. The Commissioner is hereby authorized to charge payment of any fees under 37 C.F.R. § 1.16 for presentation of extra claims or credit any overpayment to Deposit Account No. 16-0631.

Respectfully submitted,



Brad Pedersen
Registration No. 32,432

CERTIFICATE OF FACSIMILE TRANSMISSION

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July 2, 2004
Date


Brad Pedersen

PATENT APPLICATION
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

Attorney Docket No.: 2992.02US02

Peterson, et al.

Confirmation No.: 5457

Application No.: 10/041,705

Examiner: Pantuck, B.C.

Filed: January 8, 2002

Group Art Unit: 3739

For: BIOABSORBABLE SURGICAL CLIP WITH ENGAGEABLE EXPANSION
STRUCTURE

AMENDMENT AND RESPONSE

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

INTRODUCTORY COMMENTS

In response to the Office Action of April 5, 2004, amendment to the above-identified patent application is requested.

The present amendment comprises the following sections:

A. Amendments to the Claims

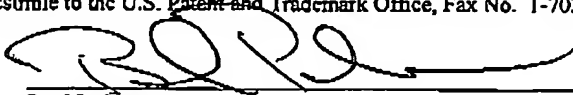
B. Remarks

Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 16-0631.

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July 2, 2004
Date


Brad Pedersen